

1. Failure To Meet Urinalysis Program Testing Requirement Letter
(MODIFY AS REQUIRED)

5350

Ser/

From: Commanding Officer,
To: Echelon 3 (or higher) Commander

Subj: FAILURE TO MEET URINALYSIS PROGRAM TESTING REQUIREMENT
FOR (MONTH YEAR)

Ref: (a) OPNAVINST 5350.4E

1. COMMAND NAME did not meet the minimum monthly testing requirement of four testing days per month for 15% of assigned personnel per reference (a) for MONTH YEAR.

2. Explanation why the minimum monthly testing requirement was not met.

3. Corrective action taken to meet the minimum requirement in the future.

4. Further questions can be directed to my Urinalysis Program Coordinator, _____, by phone: _____ or by e-mail: _____.

CO's signature